



**CENTER OF EXCELLENCE**  
IN DISASTER MANAGEMENT  
& HUMANITARIAN ASSISTANCE

**PACIFIC DISASTER MANAGEMENT INFORMATION NETWORK (PDMIN)**

1 Jarrett White Rd. MCPA-DM • Tripler AMC, HI 96859-5000

Telephone: 808.433.7035 • Fax: 808.433.1757

PDMIN@coe-dmha.org • <http://coe-dmha.org/apdr>



**ASIA-PACIFIC DISEASE OUTBREAK  
/SURVEILLANCE REPORT**

**Week of Apr 25, 2005**

**BANGLADESH**

**Seasonal Diseases Spreading in Bangladesh**

Increasing temperatures and lack of rainfall are creating conditions for seasonal diseases in Bangladesh such as diarrhea, jaundice, chicken pox, paratyphoid, flu, fever and dysentery which can spread rapidly in cities and upazilas. According to the Rajshahi Medical College hospital (RMCH), over 100 patients with diarrhea have been admitted there of which 80% are children. More than 700 hundred people of nine upazilas around Rajshahi (in western Bangladesh) have been affected with diarrhea. In addition, chicken pox, hepatitis (Jaundice) and flu have been spreading at an alarming rate. Hundreds of people in urban areas, especially those living in slums are being affected by paratyphoid, malaria, dysentery, jaundice and influenza. By drinking unclean water and by eating stale, contaminated food, most low-income people are suffering from these diseases.

**Source:**

· News From Bangladesh, Apr 25, 2005, <http://bangladesh-web.com/news/view.php?hidDate=2005-04-26&hidType=NAT&hidRecord=000000000000000042286>

· The Star, Apr 27, 2005, <http://none>

· Promed Mail, Apr 28, 2005,

[http://www.promedmail.org/pls/askus/f?p=2400:1001:18189453802062244310::NO::F2400\\_P1001\\_BACK\\_PAGE,F2400\\_P1001\\_PUB\\_MAIL\\_ID:1000,28790](http://www.promedmail.org/pls/askus/f?p=2400:1001:18189453802062244310::NO::F2400_P1001_BACK_PAGE,F2400_P1001_PUB_MAIL_ID:1000,28790)

**CHINA**

**Influenza Outbreak Under Control in China**

An influenza outbreak that occurred in South China's Guangdong Province (southeast China) has been brought under control. None of the 286 people who fell ill in Xuhuang village near Leizhou needed hospitalization and there have been no fatalities. All those

*The Asia-Pacific Disease Outbreak/Surveillance News is meant for informational purposes only. As such, the Center of Excellence in Disaster Management and Humanitarian Assistance (COEDMHA) does not guarantee the accuracy or completeness of the information and of any statements or opinions based thereon. COEDMHA's Pacific Disaster Management Information Network (PDMIN) team surveys, compiles and disseminates news reports from various publicly available newswires, websites, and health information networks including but not limited to the World Health Organization (WHO), Centers for Disease Control and Prevention (CDC), and ProMed. Some information is presented in its original version. The information contained herein does not necessarily represent the views of the COEDMHA.*

infected are now recovering.

**Source:**

· The Star Online, Apr 28, 2005, <http://thestar.com.my/news/story.asp?file=/2005/4/28/asia/10804320&sec=asia>

## HONG KONG

### Imported Dengue Fever Case Confirmed in Hong Kong

The Center for Health Protection, Hong Kong, has confirmed an imported case of Dengue fever involving a 31 year old man, bringing this year's total to 5 -- all imported. The patient traveled to Indonesia from March 12 to 27 and developed fever, shivering, muscle pain and bone pain on March 27. He was admitted to a private hospital on March 28 and was discharged on April 4. His family members have not developed any symptoms. Health officials are urging anyone feeling unwell after returning from their trip to consult a doctor as soon as possible and provide details of their travel.

**Source:**

· Promed Mail, Apr 23, 2005,

[http://www.promedmail.org/pls/askus/f?p=2400:1001:14292245286066377302::NO::F2400\\_P1001\\_BACK\\_PAGE,F2400\\_P1001\\_PUB\\_MAIL\\_ID:1010,28743](http://www.promedmail.org/pls/askus/f?p=2400:1001:14292245286066377302::NO::F2400_P1001_BACK_PAGE,F2400_P1001_PUB_MAIL_ID:1010,28743)

## INDIA

### The Indian Government and UN Agency Cooperating on HIV-AIDS in Military

The Indian government and the UN are cooperating to fight HIV-AIDS and have announced a joint AIDS education and prevention campaign in the Indian military. UNAIDS says that with approximately 1.5 million personnel and more than 500,000 reserves, the effort could benefit a large section of the population. Some estimates say that there could be as many as 8.5 million people with AIDS or infected with HIV in India.

**Source:**

· BBC News, Apr 28, 2005, [http://news.bbc.co.uk/2/hi/south\\_asia/4495417.stm](http://news.bbc.co.uk/2/hi/south_asia/4495417.stm)

### Enteric Diseases Affect Residents of Garulia, India

Over 700 residents of six wards of the Garulia Municipality area in North 24- Parganas (northeast India) are suffering from enteric diseases. Approximately 500 people have already been admitted to seven hospitals in and around the area. Lack of proper maintenance of the underground sewer lines and water supply pipelines have led to a large area contamination of the water supplied by the municipality. There are four or five leaks found on the surface of underground drainage pipelines, causing the contamination. The district administration is repairing the pipelines. Though the situation is slowly returning to normal, the district administration has asked the people not to drink water supplied by the civic body.

**Source:**

· Statesman News Service, Apr 28, 2005, <http://www.thestatesman.net/page.news.php?clid=22&theme=&usrsess=1&id=75595>

· Statesman News Service, Apr 24, 2005, <http://www.thestatesman.net/page.news.php?clid=22&theme=&usrsess=1&id=75186>

· Promed Mail, Apr 25, 2005,

*The Asia-Pacific Disease Outbreak/Surveillance News is meant for informational purposes only. As such, the Center of Excellence in Disaster Management and Humanitarian Assistance (COEDMHA) does not guarantee the accuracy or completeness of the information and of any statements or opinions based thereon.*

*COEDMHA's Pacific Disaster Management Information Network (PDMIN) team surveys, compiles and disseminates news reports from various publicly available newswires, websites, and health information networks including but not limited to the World Health Organization (WHO), Centers for Disease Control and Prevention (CDC), and ProMed. Some information is presented in its original version. The information contained herein does not necessarily represent the views of the COEDMHA.*

## INDONESIA

### **Outbreak of Acute Diarrhea Kills 1 Person, 80 Families Affected in Nias, Indonesia**

WHO has reported an outbreak of acute diarrhea in Tugla Oyo village, the sub district of Alasa, Nias (northwest Indonesia). A 65 year old man has died and 80 families are affected. Currently, approximately 50 people are suffering from diarrhea and vomiting, and several are in critical condition. In Simeulue Island, an Indonesian Army medical unit is also monitoring cases of diarrhea and skin disease, especially in isolated areas of south west Simeulue. Tests confirm there is no cholera outbreak at this time.

**Source:**

· Indonesia Relief, Apr 28, 2005, <http://www.indonesia-relief.org/mod.php?mod=publisher&op=viewarticle&cid=4&artid=799&PHPSESSID=819891c285c5c7cedbd8ada2e0f9b599>

## MALAYSIA

### **300 New Typhoid Cases in Kelantan, Malaysia**

Approximately 300 new typhoid cases have been registered in Kelantan (northeast corner of the Malaysian peninsula) during the period 26-27 Apr 2005, bringing the total number of cases to 589. State Health authorities are now focusing on screening children below 15 years old. Most of them are students who have the tendency to consume food sold outside. Investigations since the outbreak was detected two weeks ago also revealed poor sanitation and water supply systems as among the causes for the spread of the disease. As of 26 April 2005, there are 226 confirmed and 363 suspected cases. Three suspected cases of typhoid were also detected in Negri Sembilan (south-west corner of Peninsular Malaysia, 64 km south of Kuala Lumpur) on 26 April, prompting a statewide alert of a possible outbreak.

**Source:**

· New Straits Times, Apr 27, 2005, [http://www.nst.com.my/Current\\_News/NST/Thursday/National/20050428075119/Articl/indexb.html](http://www.nst.com.my/Current_News/NST/Thursday/National/20050428075119/Articl/indexb.html)

## PHILIPPINES

### **Girl Dies of Meningococcemia in Philippines, Additional Boy Dies of Suspected Meningococcemia**

The Department of Health (DOH) confirmed that a two-year-old girl who died 27 April at the Bicol Regional Training and Teaching Hospital, succumbed to meningococcemia, a deadly bacterial disease. Three children — the victim's two siblings and one relative — are still confined at the Bicol Regional Training and Teaching Hospital. In Bacolod City, family members of a 14-year-old boy who died of suspected meningococcemia on 28 April have been placed under quarantine. Meningococcemia is caused by the *Neisseria meningitidis* bacteria. It is usually transmitted through direct contact with discharges

*The Asia-Pacific Disease Outbreak/Surveillance News is meant for informational purposes only. As such, the Center of Excellence in Disaster Management and Humanitarian Assistance (COEDMHA) does not guarantee the accuracy or completeness of the information and of any statements or opinions based thereon. COEDMHA's Pacific Disaster Management Information Network (PDMIN) team surveys, compiles and disseminates news reports from various publicly available newswires, websites, and health information networks including but not limited to the World Health Organization (WHO), Centers for Disease Control and Prevention (CDC), and ProMed. Some information is presented in its original version. The information contained herein does not necessarily represent the views of the COEDMHA.*

from the nose and throat of an infected person. The disease is characterized by fever, cough, sore throat, map-like rashes, severe skin lesions that may lead to gangrene, stiff neck and convulsions. It becomes fatal when severe shock develops.

**Source:**

- Philstar, Apr 30, 2005, <http://www.philstar.com/philstar/News200504309904.htm>
- The Manila Times, Apr 30, 2005, <http://www.manilatimes.net/national/2005/apr/30/yehey/prov/20050430pro3.html>

## **Other World News**

### **PAKISTAN**

#### **Experts Confident Pakistan Will Have Polio-Free Status by End of Year**

After more than 10 years of campaigning and immunization rounds, health experts in Pakistan are confident that the nation will be polio-free by the end of 2005. In 2003 Pakistan had approximately 103 reported cases of polio which decreased by about 50% in 2004 with 53 cases registered. So far, in 2005, only five cases have been reported. There were zero cases in February for the first time in Pakistan's history since the campaign started. Pakistan has over 140 million people (31 million children under age five) including Afghan refugees (of whom 90% have been immunized).

**Source:**

- IRINnews.org, Apr 28, 2005, <http://www.irinnews.org/report.asp?ReportID=46851&SelectRegion=Asia&SelectCountry>

#### **Contaminated Water Kills One Person, 100 Others Hospitalized in Pakistan**

One girl died and more than 100 people were hospitalized as gastroenteritis resulting from contaminated water affected the southern Pakistani town of Jacobabad (556 kilometers (333.9 miles) northwest of Karachi). Approximately 120 people have been affected by diarrhea and other stomach ailments over the past two weeks. Approximately 80% of the victims are children suffering from stomach disease including dehydration. Water samples have been sent for laboratory analysis. At least three people, two of them children, died and more than 100 were hospitalized after drinking contaminated water in the Larkana district (600 kilometers (372 miles) east of Karachi) earlier in April 2005. In the current outbreak, the actual contaminant is still unknown. It is possible that the water may contain coliform bacteria or other microorganisms, which produce gastroenteritis.

**Source:**

- Yahoo News, UK., Apr 26, 2005, <http://uk.news.yahoo.com/050426/323/fhb5g.html>
- Promed Mail, Apr 26, 2005, [http://www.promedmail.org/pls/askus/f?p=2400:1001:9977127453813998855::NO::F2400\\_P1001\\_BACK\\_PAGE,F2400\\_P1001\\_PUB\\_MAIL\\_ID:1000,28767](http://www.promedmail.org/pls/askus/f?p=2400:1001:9977127453813998855::NO::F2400_P1001_BACK_PAGE,F2400_P1001_PUB_MAIL_ID:1000,28767)

#### **Girl Hospitalized with Crimean-Congo Hemorrhagic Fever Virus in Islamabad, Pakistan**

The emergence of Crimean-Congo hemorrhagic fever virus (CCHFV) in the federal capital has prompted the closure of the emergency ward at the Federal Government

*The Asia-Pacific Disease Outbreak/Surveillance News is meant for informational purposes only. As such, the Center of Excellence in Disaster Management and Humanitarian Assistance (COEDMHA) does not guarantee the accuracy or completeness of the information and of any statements or opinions based thereon. COEDMHA's Pacific Disaster Management Information Network (PDMIN) team surveys, compiles and disseminates news reports from various publicly available newswires, websites, and health information networks including but not limited to the World Health Organization (WHO), Centers for Disease Control and Prevention (CDC), and ProMed. Some information is presented in its original version. The information contained herein does not necessarily represent the views of the COEDMHA.*

Service Hospital as a precautionary measure. It was closed after a 12-year-old girl tested positive for virus infection on 22 April 2005. The ward reopened on 25 April. The girl, a resident of Dhoke Mitial on the outskirts of Islamabad, was brought to the hospital in critical condition. CCHFV was found in her blood and there was continuous bleeding from her mouth and nose. Blood samples have been sent to the National Institute of Health for diagnosis confirmation. CCHFV is maintained by a cycle involving transovarial and transstadial transmission in *Hyalomma* spp. and related ticks.

**Source:**

· *Daily Times (Pakistan)*, Apr 25, 2005, [http://www.dailytimes.com.pk/default.asp?page=story\\_24-4-2005\\_pg7\\_26](http://www.dailytimes.com.pk/default.asp?page=story_24-4-2005_pg7_26)  
· *Promed Mail*, Apr 25, 2005,  
[http://www.promedmail.org/pls/askus/f?p=2400:1001:13861045506987385019::NO::F2400\\_P1001\\_BACK\\_PAGE,F2400\\_P1001\\_PUB\\_MAIL\\_ID:1000,28754](http://www.promedmail.org/pls/askus/f?p=2400:1001:13861045506987385019::NO::F2400_P1001_BACK_PAGE,F2400_P1001_PUB_MAIL_ID:1000,28754)

## **WORLD**

### **World Bank to Enhance Efforts Against Malaria**

The World Bank announced it will enhance its fight against malaria because global efforts in the past five years have failed. The new strategy includes a special task force to ensure that anti-malarial efforts are part of its lending programs for poor countries. It also includes additional funding to replicate in other countries anti-malarial programs that have been successful in Brazil, Eritrea, India and Vietnam. Under the Global Strategy and Booster Program, the bank will increase distribution of bed nets and anti-malarial drugs and provide support to countries that lower taxes and tariffs on medicines to treat the disease. Malaria is a mosquito-borne disease that kills more than 1 million people per year and sickens many more, mostly children under the age of 5. There are 500 million new cases each year.

**Source:**

· *Reuters Foundation Alertnet*, Apr 24, 2005, <http://www.alertnet.org/thenews/newsdesk/N23422395.htm>

*The Asia-Pacific Disease Outbreak/Surveillance News is meant for informational purposes only. As such, the Center of Excellence in Disaster Management and Humanitarian Assistance (COEDMHA) does not guarantee the accuracy or completeness of the information and of any statements or opinions based thereon. COEDMHA's Pacific Disaster Management Information Network (PDMIN) team surveys, compiles and disseminates news reports from various publicly available newswires, websites, and health information networks including but not limited to the World Health Organization (WHO), Centers for Disease Control and Prevention (CDC), and ProMed. Some information is presented in its original version. The information contained herein does not necessarily represent the views of the COEDMHA.*